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ABSTRACT

During 1997, in cooperation with 17 southern states and the District of Columbia, the Southern Institute on Children and Families held site visits to identify ways to uncomplicate the delivery of health coverage, child care and other benefits to assist low wage families. This report presents key findings and recommended actions states can take to remove barriers that families face in accessing benefits, as well as descriptions of other Institute activities during 1997. Key issues discussed include information outreach to dispel confusion about government benefits, child health coverage, child care assistance, transportation, and earned income tax credit. The report briefly describes the Institute's efforts at website development, the Southern Regional Forum, and the program Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children. (This document is relevant to the field of education in that the U.S. Department of Education is working with teachers, providers, and others to notify families with low to moderate income about children's insurance programs.) (JPB)

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Low Income Families
With Children
USA

Southern Institute on Children and Families
1997 ANNUAL REPORT

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The Southern Institute on Children and Families is an independent nonprofit public policy organization founded in 1990. It endeavors to improve opportunities for children and families in the South with a focus on disadvantaged children. Through special projects and surveys, the Southern Institute on Children and Families spotlights health, social and economic issues of regional significance. It works to encourage public/private sector collaboration on behalf of children and families and seeks to remove bureaucratic and other barriers that restrict access to needed services. The Southern Institute on Children and Families is funded through grants and contributions.

The Southern Institute on Children and Families
concentrates on the following:

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Texas
Virginia
West Virginia

THE SOUTHERN INSTITUTE
on Children and Families

A special delivery package has arrived on the doorsteps of America's low income families with children. The box contains much needed products such as child health coverage, child care subsidies and the Earned Income Tax Credit (EITC).

The products are in individual containers with complicated instructions for opening. Some allow refills (Medicaid child health coverage and the EITC are available to all eligible families), whereas others (child care subsidies and state child health insurance programs) are in smaller containers marked "Subject to Available Funds." Still others are marked "Must Have Current or Previous Welfare Connection" to open.

During 1997, in cooperation with 17 southern states and the District of Columbia, the Southern Institute on Children and Families held site visits to identify ways to uncomplicate the delivery of health coverage, child care and other benefits to assist low wage families. Our key findings and recommendations are included in this report, as well as descriptions of our other activities during the past year.

Greater opportunities are now available to help working families, and leadership is urgently needed to see that these opportunities are not missed. To really make a difference in the quality of life for low income families with children will require public and private organizations to think "out of the box" in devising ways to remove barriers and improve access to health coverage, child care and other needed benefits. We must act now on behalf of children in the South.

Sarah C. Shuptrine
President

THE SOUTHERN INSTITUTE on Children and Families

The position of Chairman of the Board of Directors for the Southern Institute on Children and Families is one in which I take exceptional pride. The Southern Institute deals with issues about which I am absolutely passionate, and I know my colleagues on the Board share that passion. Each of us advocates strong civic consciousness. We are touched by the problems of families with inadequate resources and unmet needs. The families who have participated in our studies are sincerely trying to earn a living wage, keep themselves and their children healthy, and attain economic independence to the greatest extent possible. However, they are discouraged with benefit programs that are based on an "all or nothing" eligibility status, ignoring the realities of how far you can stretch low wage earnings.

During 1997, the Southern Institute focused on improving access to child health coverage, child care and other benefits designed to assist low income families, developing recommendations based on lengthy personal interviews and focus groups with families. Support from The Robert Wood Johnson Foundation and the Foundation for Child Development facilitated Southern Institute research site visits to 17 southern states and the District of Columbia.

Also in 1997, the national spotlight focused on the need to inform low income families about health coverage opportunities for their children and to assure that application processes do not impede access to such coverage. We were delighted when The Robert Wood Johnson Foundation asked the Southern Institute to be the National Program Office for "Covering Kids: A National Health Access Initiative for Low-Income Uninsured Children." We began our work with Covering Kids in October.

Since 1990, the Southern Institute has embraced the plight of working families with children and continues to do so with spunk and fervor. We appreciate the openness and cooperation we have experienced in our work with the southern states in recent years. Working together has enabled us to develop new strategies for action. We now must have the courage and commitment to take what we've learned and apply it.

Unita Blackwell

Unita Blackwell
Chairman

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Southern Regional Initiative to Improve Access to Benefits for Low Income Families With Children

Overview

With the passage of welfare reform, the consolidation of child care programs, the attainment of more state options under Medicaid and the enactment of the State Children's Health Insurance Program (CHIP), states are making significant changes in fundamental health and social policies related to children. While producing much controversy, welfare reform brought long overdue attention to the economic issues and incentives intertwined in welfare and health policy.

Families are frustrated by public programs that provide benefits based on arbitrary time limits and rules that are not related to their ability to pay.

As states move forward to design and implement public policies that support low income working families, it is critical that they include the views of families in their deliberations. In Southern Institute on Children and Families studies on health and welfare issues, a resounding message from families has been that they need assistance in paying for child health coverage, child care and other needs, and they would like such assistance to be related to their income. Families are frustrated by public programs that provide benefits based on arbitrary time limits and other rules that are not related to their ability to pay.

In February 1997, The Robert Wood Johnson Foundation provided funding for exploration of health coverage, child care and other policies affecting low income families. Information-gathering site visits were conducted in 17 southern states and the District of Columbia. The Foundation for Child Development provided additional support for two of the site visits. This regional initiative was designed to help southern states work collaboratively in identifying ways to improve access to health coverage, child care and other benefits for low income working families with children.

The project built on earlier Southern Institute initiatives in Georgia and North Carolina, where 27 focus groups in nine urban and rural counties were conducted. From this research, the Southern Institute developed and tested eye-catching, easy-to-understand information outreach brochures and videotapes to convey positive messages about benefits for low income working families.

With the invaluable help of public and private organizations that participated in the site visits, the Southern Institute prepared a list of key issues and actions states can take to remove barriers families face in accessing benefits. The project report contains state-by-state information and is available on request. The key findings are summarized on the following pages.

Information Outreach

Confusion abounds on the issue of government benefits. A common misconception is that only children on welfare can receive Medicaid. The fact is that Medicaid coverage is available to many children in low income families who have no connection to welfare.

Most communication on benefits and services for families has been in the form of bureaucratically worded documents and often is buried in language on rights and responsibilities. Rarely do materials communicate information on available benefits in an easy-to-understand, "user-friendly" manner. Consequently, word on the street is that the Medicaid application process is lengthy, intrusive, complicated and demeaning. Thus, many eligible families are not taking advantage of benefits that can help provide health coverage for their children, assist them in paying for child care and allow them to take home more of what they earn.

Confusion abounds on the issue of government benefits. A common misconception is that only children on welfare can receive Medicaid.

In focus groups conducted in Georgia during 1996, the Southern Institute found that 55 percent of AFDC and Medicaid recipients did not understand that if parents get off welfare because of work, their children still would be able to get Medicaid. Fifty-seven (57) percent did not understand that even if a child's parents live together, the child can get Medicaid. And 53 percent did not know that if parents get a job, they might qualify to receive more take-home pay from the Earned Income Tax Credit (EITC).

Additionally, 39 percent of recipients did not understand that if parents get off welfare because of work, they can get help with child care expenses for up to one year.

Families are not the only ones who are misinformed. Many employers participating in the focus groups were not aware of Medicaid and other benefits that supplement the wages of their low income workers with children — at no cost to them. Forty-three (43) percent of employers did not know about the availability of Transitional Medicaid coverage for up to one year. Fifty (50) percent did not understand that the EITC is available to low income working families regardless of whether or not they owe taxes. And 86 percent did not understand that they could add a portion of the EITC to the employee's paycheck each pay period.

Community organizations surveyed also demonstrated a lack of awareness. Fully 92 percent did not understand that children under age six were eligible for Medicaid at higher income levels than older children, and one-third did not know about the availability of Transitional Medicaid coverage for up to one year.

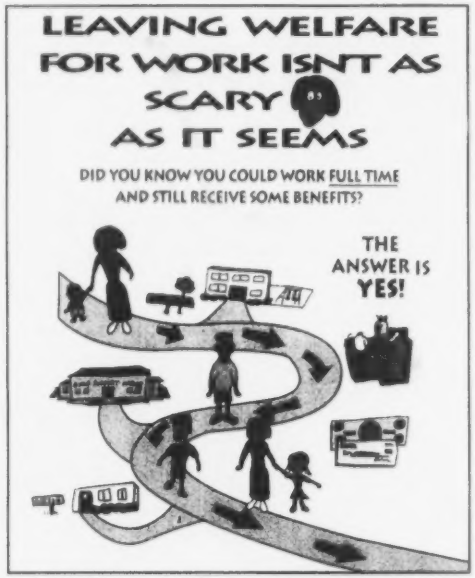
Clearly, effective outreach strategies are needed to ensure that eligible families, employers and community organizations receive accurate and reliable information about available benefits.

The Southern Institute received support from Georgia and North Carolina to develop outreach brochures that effectively communicated the availability of benefits. The Robert Wood Johnson Foundation subsequently provided support to replicate the brochures for use in other states, with each state paying its own printing and distribution

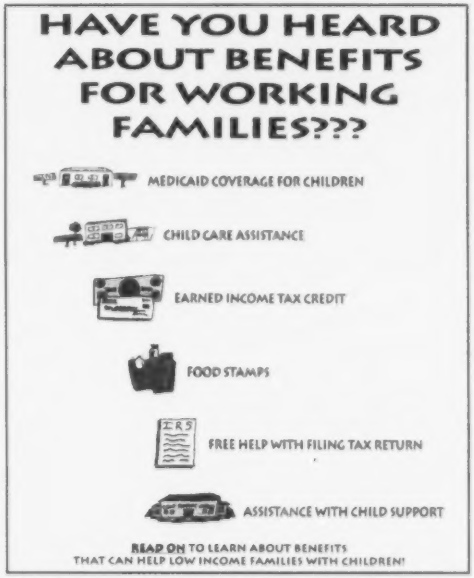
costs. The brochures were enthusiastically received by those attending the 1997 site visit meetings, and 11 southern states currently are using the information outreach brochures. (The black-and-white versions of the colorful brochures are pictured below.) With further support from The Robert Wood Johnson Foundation, six accompanying information outreach videos were developed for use with the brochures.

Focus groups testing the family targeted outreach videos, which are available in Spanish and English, suggested showing the videos in places such as doctor's offices, hospital or emergency room waiting areas, health departments, libraries, women's shelters, post offices, churches and workplace break rooms. [See Chapter 2 of the full project report for detailed information.]

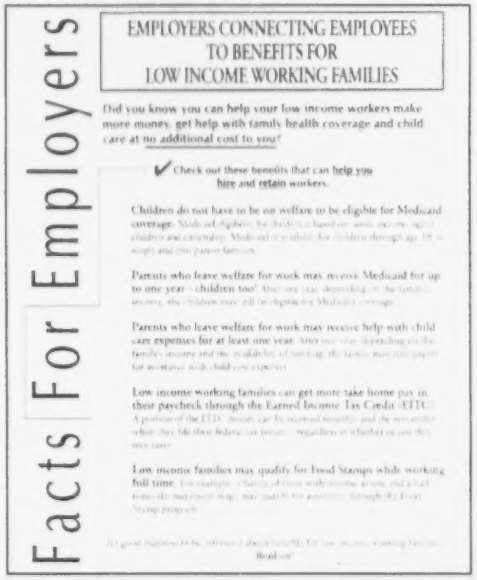
Information Outreach Brochures developed by the Southern Institute


LEAVING WELFARE FOR WORK ISN'T AS SCARY AS IT SEEMS
DID YOU KNOW YOU COULD WORK FULL TIME AND STILL RECEIVE SOME BENEFITS?
THE ANSWER IS YES!

This brochure is for use with families on cash assistance to help them understand that they do not have to be on welfare in order to receive benefits that can help them meet the needs of their children while working in low wage/no benefit jobs. It is ideal for review with welfare families at redetermination interviews and in job readiness classes.


HAVE YOU HEARD ABOUT BENEFITS FOR WORKING FAMILIES???
MEDICAID COVERAGE FOR CHILDREN
CHILD CARE ASSISTANCE
EARNED INCOME TAX CREDIT
FOOD STAMPS
FREE HELP WITH FILING TAX RETURN
ASSISTANCE WITH CHILD SUPPORT
READ ON TO LEARN ABOUT BENEFITS THAT CAN HELP LOW INCOME FAMILIES WITH CHILDREN!

This brochure is designed for general community outreach. It will help families who apply for cash assistance to understand that they can receive Medicaid and other benefits without having to be on welfare. It also is appropriate for distribution through schools, health providers, churches and other community organizations and to employers for dissemination in the workplace.


Facts For Employers
EMPLOYERS CONNECTING EMPLOYEES TO BENEFITS FOR LOW INCOME WORKING FAMILIES
Did you know you can help your low income workers make more money, get help with family health coverage and child care at no additional cost to you?
Check out these benefits that can help you hire and retain workers.

This brochure provides employers with information on how to link low income employees to benefits that basically supplement low wages at no cost to employers. The brochure is especially appropriate for employers who pay minimum wage or slightly above or employers who offer no or very limited benefits. It is an effective communication tool for use with employers and business groups.

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Child Health Coverage

It is a little known fact that most uninsured children live in families where at least one parent is employed full time at low wages.[1] Even if dependent health coverage is available through the workplace, which it often is not for low income workers, it is financially out of reach for many families.

Since the middle 1980s, public policy initiatives have been enacted to provide opportunities for poor and low income families to obtain Medicaid coverage for their children without requiring the families to be on welfare. A major step was taken in 1986, when Congress passed an amendment to allow nonwelfare pregnant women and infants up to age one to be eligible for Medicaid. Leadership for this significant and progressive change in national public policy emanated from the southern states as they sought ways to reduce the high number of infant deaths and disabilities occurring in the South.[2]

Since 1986, additional amendments have increased Medicaid age and income eligibility levels to allow more children in low income working families to be eligible for Medicaid. This group of children often is referred to as "poverty related" because their Medicaid income eligibility levels are based on a specific percentage of the federal poverty level, rather than a relationship to welfare.

Effective in October 1997, the Title XXI State Children's Health Insurance Program (CHIP) gave states enhanced federal matching dollars to provide health coverage for low income, uninsured children through Medicaid expansions or state health coverage programs.

Research has shown that children without health coverage are less likely to have access to a regular source of medical care or to seek care for injuries, and are more likely to receive care in a clinic or emergency room and less likely to be appropriately immunized.[3] For low income families, affordability of child health coverage is a major impediment to their children having access to preventive and primary health care. And in the South, 65 percent of all uninsured children live in families with income at or below 200 percent of the federal poverty level.[4]

Simplification of the process by which families file applications is critical to serious efforts to help children gain access to Medicaid or other health coverage programs.

It is astounding, but an estimated 4.7 million children under age 18 nationwide are eligible for Medicaid coverage but are not enrolled.[5] Many families don't know that their children are eligible for Medicaid, and navigating the complex eligibility system has discouraged many families from applying or following through with an application from start to finish.

Simplification of the process by which families file applications is critical to serious efforts to help children gain access to Medicaid or other health coverage programs. To decrease eligibility barriers and increase the likelihood that eligible children can become enrolled will require state and

local eligibility agencies to undertake a comprehensive review of current policies and procedures with the clear intent of making benefits more accessible. This means providing more application locations, accepting mail and phone submissions, using greater flexibility regarding verification requirements and providing application assistance to families.

To help children maintain coverage, states must reduce burdensome reporting requirements, develop information systems that automatically transfer children from one eligibility category to another without disrupting benefits, establish a periodic review process of eligibility outcome data and adopt continuous eligibility. [See Chapter 3 of the full project report for detailed information by state.]

Child Care Assistance

Working at a low wage job and being unable to pay for decent child care while at work is a heartpounding dilemma for many low wage families. Without some financial assistance, it often is not possible for low wage families to obtain dependable, quality child care.

Affordability of quality child care is a major public policy issue. Families earning below the federal poverty level spend an average of 33 percent of their total income on child care.[6] In order for welfare reform to work, families will need child care assistance that is not time limited but is terminated only when the family's earnings increase to the point that assistance is no longer needed.

In order for welfare reform to work, families will need child care assistance that is terminated only when the family's earnings increase to the point that assistance is no longer needed.

Unlike Medicaid, child care is not a federal entitlement program. There is no guarantee of access to child care assistance, even if families are eligible under a state's criteria. The number of eligible families receiving assistance is determined by the amount of funding made available by each state. Thus, not all income eligible families receive assistance.

Welfare reform legislation passed in 1996 substantially increased federal funding for child care. Even with this additional funding, the need remains great. During the 1997 Southern Institute site visits, insufficient funding for child care frequently was mentioned by states as a major issue. States must provide matching funds to receive this federal child care money. States also have the option to increase funding for child care by reallocating up to 30 percent from their Temporary Assistance for Needy Families (TANF) block grant into the Child Care and Development Block Grant (CCDBG). Every southern state surveyed planned to make use of all available federal matching dollars. However, only six states planned to spend beyond the federal match, and seven states opted to transfer funds from TANF to CCDBG.

Before the passage of welfare reform, Transitional Child Care was guaranteed for up to one year to families leaving welfare for reasons due to earnings. The period of eligibility was set by federal law at no longer than 12 months. States now can decide how they want to provide child care assistance to families leaving welfare for work. Most southern states voluntarily have retained many elements of the former federal Transitional Child Care program. A major issue with a Transitional Child Care approach is that it limits child care assistance to an arbitrary time period, after which assistance is terminated regardless of whether or not families have increased their earnings enough to afford full payment of child care.

Prior to welfare reform, families had to be on welfare for three out of the previous six months in order to be eligible for Transitional Child Care. Thirteen southern

states have eliminated this federal requirement, effectively removing the incentive to be on welfare for a short period in order to gain access to child care assistance.

Other access issues being explored by states include: eliminating asset testing in ascertaining eligibility, allowing mail and telephone applications, permitting eligibility workers greater discretion, and conducting automatic searches for other eligibility categories to facilitate eligibility continuity.

Of families surveyed by the Southern Institute, 48 percent stated that child care was the benefit they needed most to be able to work full time. The enormity of this issue to low wage families should compel states to take decisive action to provide more assistance with child care expenses. [See Chapter 4 of the full project report for detailed information by state.]

Transportation

The barriers that families without personal automobiles confront every day, especially if they live in rural areas or outside of city bus routes, are mind-boggling. Arranging transportation to and from work, health care services, child care centers and agencies that require face-to-face application interviews can be a substantial drain of time and energy.

Transportation consistently shows up as a barrier to accessing health care and other services, especially in rural areas. It also has been identified as a major impediment to gaining and sustaining employment for families attempting to leave welfare for work. Transportation is an area where asset limits have proven to be poor public policy.

Transportation consistently shows up as a barrier to accessing health care and other services, especially in rural areas.

For many years, federal welfare and Medicaid rules did not allow a family to own a car with an equity value of more than $1,500. There were no exceptions for work or job training activities, as was allowed under Food Stamp asset limits. Such strict asset limits require families to be impoverished in order to obtain and retain welfare assistance. Thus, it is not surprising that today only 6 percent of welfare families own cars.[7] With the new flexibility that states now have under TANF, many states have taken action to remove automobile asset limits altogether or have raised the value limit.

Actions states can take to improve access to transportation include elimination of the automobile asset test for families applying for child health coverage, child care assistance and other benefits. This would end the unfortunate practice of penalizing low income families who own an automobile.

States also can create state or multistate work groups to identify strategies to help low income families overcome transportation barriers. [See Chapter 5 of the full project report for detailed information.]

Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is administered by the Internal Revenue Service and was established to supplement the incomes of families making low wages. The EITC can provide substantial assistance to poor and low income working families.

The amount of EITC assistance received by families is based on a sliding scale. In 1997, for example, a one-child family earning at the minimum wage could receive $2,210 in EITC cash, and a two-child family earning at the minimum wage could receive $3,656.

Getting the word out about the EITC should be a major goal for public and private organizations attempting to assist low income working families.

There are two ways families can get the cash provided through the EITC. They can receive it at the end of the year when they file their tax return, or they can get part of the EITC in advance with each paycheck and the rest when they file their tax return. A family must file a federal tax return to receive the EITC.

The EITC cash can help families pay for health coverage, child care, transportation and other needs. Getting the word out about the EITC should be a major goal for public and private organizations attempting to assist low income working families.

Information outreach brochures developed by the Southern Institute and informational materials prepared by the Center on Budget and Policy Priorities provide states with tools to educate caseworkers, community organizations, employers and families about the cash available through the EITC and about Form W-5, which is the EITC advance payment form to be filed with employers.

To assure that families learn about the EITC, states should conduct information outreach campaigns with special efforts targeted to families on welfare and provide EITC information and W-5 forms to TANF, Food Stamp and Medicaid eligibility workers. Further, states should exclude the cash received through the EITC from the state's definition of assets to assure that children do not lose Medicaid coverage because their family claimed the EITC. [See Chapter 6 of the full project report for detailed information.]

Website Development

Among other important developments, 1997 marked the year of html and ISDN for the Southern Institute, which is now accessible online 24 hours a day via the internet at the address www.kidsouth.org.

Support for development of this website was jointly provided by The Robert Wood Johnson Foundation and the Foundation for Child Development.

The site includes information about those states and regions where the Southern Institute's work is concentrated, its current projects and data on uninsured populations.

Promising outreach strategies and special reports also can be found, as well as listings of Southern Institute publications, members of the Board of Directors and the Southern Institute staff. This website also serves as an invaluable communications vehicle, enabling users to e-mail the Southern Institute with questions and requests for reports and other materials.

Among many plans for the future of this website is the uploading of full text from Southern Institute documents and publications.

The Southern Institute continues to examine ways to improve its website and will make modifications and add links over the next year. Users are invited to call or e-mail comments, questions or suggestions to the webmaster at either the Southern Institute info@kidsouth.org or, for the Covering Kids initiative, at info@coveringkids.org.

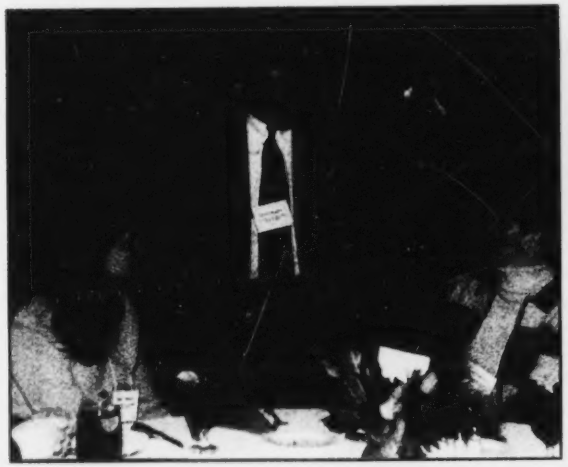
http://www.kidsouth.org

The Southern Regional Forum

December Dialogue

In December 1997, the Southern Institute hosted the Southern Regional Forum on Improving Access to Benefits for Families With Children. More than 120 participants at the Charleston, South Carolina, event learned about strategies to improve access to health coverage, child care, the Earned Income Tax Credit and transportation services. In combination, these benefits can provide significant help to families who work in low wage jobs.

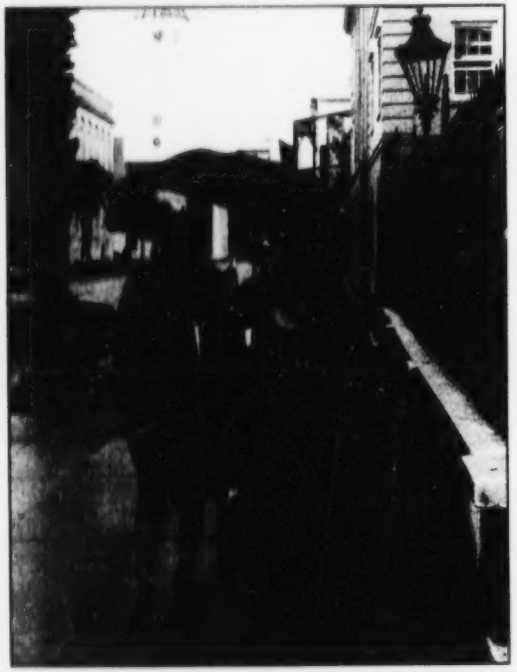
Representatives from several southern states are pictured below and opposite.



From left, Emily Cornell, Randy Desonia and Vicki Grant discuss issues raised during the morning session.

Jack Frazier addresses forum on the topic of state and community outreach.

Becky Shoaf describes Georgia's Right From The Start Medicaid outreach and enrollment initiatives.



Barbara Kamara and Ellen Wells make their way to the forum lunch at Hibernian Hall.

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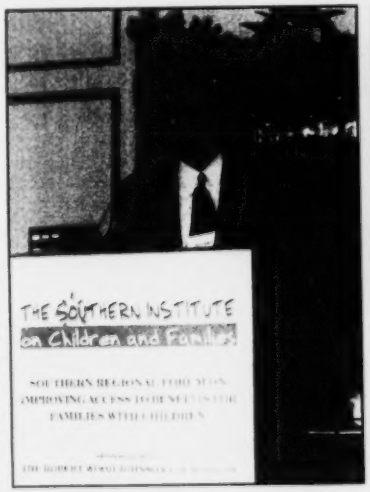
Forum panel on health coverage initiatives, from left, William Freeburn, Jana Key, Cornelia Gibbons, Keith Johnson, Deborah Griffin and Richard Fenton.

Pam Leyhe moderates session on making health coverage available to working families.

Southern Institute Chairman Unita Blackwell and Board Member Ray Marshall greet Charleston Mayor Joe Riley, far right.



Keith Johnson tells the group about outreach activities in Tennessee.

Pheon Beal confers with Stephanie Fanjul on child care initiatives in North Carolina.

Secretary Alvin Collins moderates a forum session on outreach.

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Looking Ahead: Covering Kids

In September 1997, The Robert Wood Johnson Foundation designated the Southern Institute to serve as the National Program Office for a new program, Covering Kids: A National Health Access Initiative for Low-Income, Uninsured Children. Covering Kids is a natural extension of the Southern Institute's previous work and a central part of its ongoing mission.

This three-year initiative was established to help states and local communities increase the number of eligible children enrolled in health insurance programs. It will provide grants ranging from $500,000 to $1 million for state-local coalitions to:

Δ Design and conduct outreach programs that identify and enroll eligible children into Medicaid and other health coverage programs.

Δ Simplify enrollment processes.

Δ Coordinate existing coverage programs for low income children.

Some of the major reasons eligible children are not enrolled in health coverage programs are:

Δ Families lack information or are misinformed about the availability of coverage for children in working families and two-parent families.

Δ Eligibility rules are confusing and often illogical.

Δ Verification requirements are excessive.

Δ Automatic searches for other eligibility categories are not always conducted before closing children's cases.

This three-year initiative was established to help states and local communities increase the number of eligible children enrolled in health insurance programs.

These are significant barriers, but they are not insurmountable. Given the opportunities presented by the Medicaid program and the new State Children's Health Insurance Program approved by Congress in 1997, the Covering Kids initiative comes at a critical time.

Calls for Proposals were distributed in January 1998.

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Footnotes

[1] General Accounting Office, New Strategies to Insure Children, (Washington, DC: US General Accounting Office, GAO/HEHS-96-35, January 1996) p. 4.

[2] Southern Regional Task Force on Infant Mortality, Final Report for the Children of Tomorrow, (Washington, DC: Southern Governors' Association, November 1985).

[3] General Accounting Office, New Strategies to Insure Children, 3; Linda J. Blumberg and David W. Liska, The Uninsured in the United States: A Status Report, (Washington, DC: The Urban Institute, April 1996); and Ron Pollack, Cheryl Fish-Parcham and Barbara Haenig, Unmet Needs: The Large Differences in Health Care Between Uninsured and Insured Children, (Washington, DC: Families USA, 1997).

[4] Sarah C. Shuptrine and Vicki C. Grant, Uninsured Children in the South, Second Report, (Columbia, SC: Southern Institute on Children and Families, November 1996), p. 10.

[5] Thomas M. Selden, Jessica Banthin and Joel Cohen, "Medicaid's Problem Children: Eligible But Not Enrolled," Health Affairs: The Policy Journal of the Health Sphere (Bethesda, MD: Project HOPE, May/June 1998, Vol. 17, No. 3) p. 196.

[6] National Child Care Survey, 1990, as quoted in Sandra Clark and Sharon Long, "Child Care Block Grants and Welfare Reform," Welfare Reform Briefs, No. 15, Urban Institute, June 1995, p. 3.

[7] Robert T. Goble, lecture presented at the Southern Regional Forum on Improving Access to Benefits for Families With Children, Charleston, SC, 12 December 1997.

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